2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2004
Secretary of State

DOCUMENT# P99000102292

Entity Name: SUCCENTION, INC.

Current Principal Place of Business:

929 WESTWINDS BLVD.
TARPON SPRINGS, FL 34689

New Principal Place of Business:

P.O. BOX 1821
TARPON SPRINGS, FL 34688

Current Mailing Address:

929 WESTWINDS BLVD.
TARPON SPRINGS, FL 34689

New Mailing Address:

P.O. BOX 1821
TARPON SPRINGS, FL 34688

FEI Number: 59-3609469 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ZELLER, CHRISTINA
929 WESTWINDS BOULEVARD
TARPON SPRINGS, FL 34689 US

Name and Address of New Registered Agent:

ZELLER, CHRISTIAN
1605 GULF ROAD
TARPON SPRINGS, FL 34689 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ZELLER CHRISTIAN 03/18/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SCHUPP, TAMARA
Address: 929 WESTWINDS BLVD.
City-St-Zip: TARPON SPRINGS, FL 34689

Title: D ( ) Delete
Name: SCHUPP, CHRISTIAN
Address: 929 WESTWINDS BLVD.
City-St-Zip: TARPON SPRINGS, FL 34689

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: SCHUPP, TAMARA
Address: P.O. BOX 1821
City-St-Zip: TARPON SPRINGS, FL 34688

Title: D (X) Change ( ) Addition
Name: SCHUPP, CHRISTIAN
Address: P.O. BOX 1821
City-St-Zip: TARPON SPRINGS, FL 34688

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCHUPP TAMARA D 03/18/2004
Electronic Signature of Signing Officer or Director Date